



PART B - FEE(S) TRANSMITTAL

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Siemens Corporation
 Intellectual Property Department
 170 156 Wood Avenue South
 Iselin, NJ 08830

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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

06/24/2005 HDESS2 00000016 192179 10078690

01 FC:1501 1400.00 DA
 02 FC:1504 300.00 DA

Sara Armstrong (Depositor's name)
Sara E. Armstrong (Signature)
 June 23, 2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/078,690	02/19/2002	David A. Petersen	2001P20913US	6224

TITLE OF INVENTION: MULTIPLE LEVEL TRANSMITTER AND METHOD OF TRANSMITTING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	07/06/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
JAWORSKI, FRANCIS J	3737	600-437000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Siemens Medical Solutions USA, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Malvern, PA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
☒ Publication Fee (No small entity discount permitted)
☐ Advance Order - # of Copies _____

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- ☐ A check in the amount of the fee(s) is enclosed.
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5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Peter Lam

Date 6/21/05

Typed or printed name Peter Lam

Registration No. 44,855

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